Indiana Office of Technology Request for Monitoring Form

To initiate monitoring, please (1) review the Request for Monitoring Process (2) complete this form; and, (3) send the form to the Chief Information Security Officer at the Indiana Office of Technology, North Government Center Room N551, 100 North Senate Avenue, Indianapolis, Indiana, 46204.

Agency Requestor & Purpose of Request			
I, the Agency Requestor, hereby	confirm that I have read and understan	d the Request for Monitoring Process.	
Name	Title	Phone	
Signatura	Data	E-mail	
Signature	Date	E-man	
Full Name of the Person to Be Monitored		E-mail	
Relationship of the Requestor to the Perso	on to be Monitored		
Purpose for Monitoring:			
	Agency Director or Agency Human	Decourage Director	
I the Agency Approver hereby (confirm that I have read and understand		
I, the Agency Approver, hereby her computer use may be monitored, in the		ement, which expressly puts the individual on notice that his	or
Name	Title	Phone	
Signature	Date	E-mail	
IOT Chief Information Security Officer			
Date Received by CISO:	Approved or Rejected:	•	
If Rejected: (i) Why:		(ii) Date Returned to Agency:	
If Approved: (i) Names of IOT Agency Staff Who Were Necessary to Inform Knowledge of this Request:			
(ii) Date Monitoring Began:	(iii) Date Monitoring Ended:	(iv) Date Delivered to Agency:	
If Rejected or Approved:	(,		
3 11			
Signature	Date		
	Notes		
	Notes		
·	· · · · · · · · · · · · · · · · · · ·		
			